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August 31, 2005

from WILLIAM A. JIVIDEN

Direct: 937-449-6448 / Fax: 937-223-0724 / william.jviden@dinslaw.com

To: Examiner David Nhu

Firm: MAIL STOP AMENDMENT
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Fax Number: 571/273-8300

Client Number: MIO 0088 V3/40509.280

Pages: 10
(including cover)

Comments:

OFFICIAL**OFFICIAL****OFFICIAL**

Applicants : Er-Xuan Ping
Serial No. : 10/732,962
Filed : December 11, 2003
Confirm No. : 9292
Title : EVEN NUCLEATION BETWEEN SILICON AND
OXIDE SURFACES FOR THIN SILICON NITRIDE FILM
GROWTH
Art Unit : 2818

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PTO/SB/17 (12-04)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

Application Number	10/732,962
Filing Date	December 11, 2003
First Named Inventor	Er-Xuan Ping
Examiner Name	David Nhu
Art Unit	2818
Attorney Docket No.	MIO 0088 V3/40509.280

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer

Fees Paid (\$)

130.00

SUBMITTED BY

Signature	Registration No. 42,695 (Attorney/Agent)	Telephone (937) 449-6400
Name (Print/Type) William A. Jividen		Date 08/31/2005

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Effective on 12/08/2004.
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Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

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_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

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